STANDARD FORM 144

JANUARY 1952
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS LI AND R3

## STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

(b)(6)

| IMPORTANT: The information on this form for reduction in force. The through IV.   | n will<br>The em             | be used<br>ployee : | in det<br>should  | ermini<br>comp | ng credi<br>lete Par | table<br>rt I ar | service<br>nd the | for <i>lea</i><br>Person                         | ive pu<br>nel Off  | rposes ar          | nd retention<br>i complete   | n credits<br>Parts II |  |
|---|------------------------------|---------------------|-------------------|----------------|----------------------|------------------|-------------------|--|--|--------------------|------------------------------|-----------------------|--|
| PART I.—  | EMPLO                        | YEE'S ST            | ATEME             | NT             |                      |                  | 1                 |  |  |                    | .—THIS COL                   |                       |  |
| 1. NAME (Last, first, middle initial) 2. 1  |                              |                     |                   |                | 2. DATE              | 2. DATE OF BIRTH |                   |  |  | 9. RETENTION GROUP |                              |                       |  |
| CARANCI JOHN  | <u> </u>                     | C.                  |                   |                | Fed                  | - 7              | - /               | 92.  | 2  |                    | ATUS (For p                  | ermanent              |  |
| 3. LIST THE FOLLOWING INFORMATION CONCERNING PRIOR TO YOUR PRESENT APPOINTMENTS (Do not   | ALL FEI                      | DERAL AN            | ID DIS<br>y servi | TRICT C        | F COLUM              | IBIA SE          | RVICE Y           | OU HAV   | E HAD  | YES                | s No                         |                       |  |
| NAME AND LOCATION OF AGENCY   | FROM— TO TYPE OF APPOINTMENT |                     |                   |                |                      |                  | rr                | 11. SERVIC                                       |  |                    |                              |                       |  |
|   | YEAR                         | HTMOM               | DAY               | YEAR           | MONTH                | DAY              |                   | IF KNOWN   |  | YEAR               | MONTH                        | DAY                   |  |
| NONE  | 4                            |                     |                   |                |                      |                  | -2                |  |  |                    |                              |                       |  |
| PPROVED FOR RELEASE□DATE<br> 2-Nov-2008<br>   | <b>=</b> :                   |                     |                   |                |                      |                  |                   |  | 4.6  |                    |                              |                       |  |
|   |                              |                     |                   |                |                      |                  |                   |  |  | ·                  | •                            | A 1                   |  |
| 4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE<br>SERVICE, WRITE "NONE."   | E ARMEI                      | D FORCES            | OFTH              | E UNITE        | D STATES             | S. IF Y          | OU HAD            | NO MIL   | ITARY  |                    |                              |                       |  |
| BRANCH  | YEAR                         | FROM-               | DAY               | YEAR           | TO<br>MONTH          | DAY              |                   | DISCHARGE<br>. or dish                           |  |                    |                              |                       |  |
| ARMV  |                              |                     | 57.1              |                | - (                  |                  |                   |  |  |                    | _                            |                       |  |
| Medical CORPS   | 1942                         | Oct                 | 30                | 1946           | Feb.                 | 5                | h                 | on.  |  | 3                  | <u>ુ</u>                     | 6                     |  |
| 5. DURING PERIODS OF EMPLOYMENT SHOWN IN IT<br>WITHOUT PAY, INCLUDING PERIODS OF MERCHANT I<br>IF ANSWER IS "YES," LIST FOLLOWING INFORMATION | MARINE                       |                     |                   |                |                      |                  | -                 | NTHS AB  | SENCE  | 12. TOTAL          | 1-2                          |                       |  |
| TYPE (F KNOWN   | FROM— TO— TOTAL              |                     |                   |                |                      |                  |                   | 13. NONCREDITABLE SERVICE (Leave purposes only): |  |                    |                              |                       |  |
| (LWOP, Furl, Susp, AWOL, Mer Mar)   | YEAR                         | MONTH               | DAY               | YEAR           | MONTH                | DAY              | YEARS             | MONTHS   | DAYS   | 141                |                              |                       |  |
|   |                              |                     |                   |                |                      | 3-               |                   |  |  |                    | REDITABLE SE<br>purposes on/ |                       |  |
| 6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, D  YES NO  (If answer is "Yes," in what agency w  |                              |                     |                   |                |                      |                  |                   |  | ATUS?  |                    | PLOYMENT RI                  | GHTS                  |  |
| (11 answer to 165, in what agency w   | ¥ 62 6                       | и спірісу           |                   | 116 (1111)     | , deatus ,           | 7 a3 acc         | an eur            | ,  |  |                    | TION RIGHTS                  |                       |  |
| 7. ARE YOU:   |                              |                     |                   |                |                      |                  |                   |  |  | YI                 | ES NO                        |                       |  |
| A. THE WIFE OF A DISABLED VETERAN? YES  B. THE MOTHER OF A DECEASED OR DISABLED VETERAN   |                              |                     | 00 E              |                |                      |                  |                   |  |  |                    | ATION DATE<br>RIGHTS         | OF RETEN-             |  |
| c. THE UNREMARRIED WIDOW OF A VETERAN?  8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR C  I swear (or affirm) that the above state               | THER F                       |                     |                   |                |                      |                  |                   | nd belie   | ef.  |                    |                              |                       |  |
|   |                              |                     |                   |                |                      | . //             | 1                 | 10   | and the same of th | 0                  |                              |                       |  |
| APRIL 9- 195-6  |                              | . #                 |                   | مسر ا          | - /8                 | 7-22             | 7                 |  | SIGNATI  | JRE)               | me.                          |                       |  |
| Subscribed and sworn to before me on  | this                         | 1th da              | y of              | Apr.           | 19<br>H)             | 5 <b>6</b> -at . | C                 | Jasi   | CITY)  | D. C               | (5'                          | TATE)                 |  |
| SEAL  |                              |                     |                   |                |                      |                  |                   |  |  |                    | <b>*</b>                     |                       |  |
| NOTE: If oath is taken before a Notary  | Public                       | the da              | ite of            | expira         | tion of l            | nis Co           | mmiss             | ion sho  | uld be   | shown.             |                              |                       |  |

## PART III.—DETERMINING CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

|   |         | YEARS | MONTHS   | DAYS |
|---|---------|-------|----------|------|
| TOTAL SERVICE (Item 12)                   | (m)     |       |          |      |
|   |         |       |          |      |
| NONCREDITABLE SERVICE (Item 13)           | <b></b> |       |          |      |
| CREDITABLE SERVICE (Leave purposes).      |         | 1     | <u> </u> |      |
|   | a 151   | 7     |          | 9    |
| ENTRANCE ON DUTY DATE (Present agency)    | 71      | ) N   | 7        | ge.  |
| LESS CREDITABLE SERVICE (Leave purposes)  |         |       | <u></u>  | 9    |
| SERVICE COMPUTATION DATE (Leave purposes) |         | 53    | /        | 3    |

## PART IV.—DETERMINING CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES

(To be completed only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes)

|   |       |     |   | YEA | RS | MONTHS | DAYS |
|---|-------|-----|---|-----|----|--------|------|
|   |       |     |   |     |    | į      | 4    |
| OTAL SERVICE (Item 12)  | ····· |     | . <del>.</del>                          |     |    |        |      |
|   |       |     |   |     |    |        |      |
| ONCREDITABLE SERVICE (Item 14)  |       |     |   |     |    |        |      |
| . , ,   |       |     |   |     |    |        |      |
| CREDITABLE SERVICE (RIF purposes)   | ···   |     | ••••••                                  |     |    |        |      |
|   |       |     |   |     |    |        |      |
|   |       |     |   |     |    | 44     |      |
| NTRANCE ON DUTY DATE (Present agency)   |       |     | • |     |    |        |      |
|   |       | -1- |   |     |    |        |      |
| ESS CREDITABLE SERVICE (RIF purposes)   | ••••• |     | ••••                                    |     |    |        |      |
|   |       |     |   |     | ľ  |        |      |
| SERVICE COMPUTATION DATE (RIF purposes) (Enter as the "service computation date" on the e |       |     |   |     |    |        |      |

REMARKS: